



BUILDING PERMIT APPLICATION					
Site Address:				Ste./Lot #:	
Subdivision:			Project Name:		
Pod/Section:			Review #	Approval Date:	
Set Backs:(F)	(S)	(R)	(C)	Tax Parcel #	Zoning:
DESCRIPTION OF WORK					
(Please mark all that apply) <input type="checkbox"/> RESIDENTIAL <input type="checkbox"/> NON-RESIDENTIAL/COMMERCIAL <input type="checkbox"/> MULTI-FAMILY					
<input type="checkbox"/> New Construction	<input type="checkbox"/> Addition	<input type="checkbox"/> Repairs over \$300	<input type="checkbox"/> Demolish	<input type="checkbox"/> Exterior Renovations	<input type="checkbox"/> Move Building
<input type="checkbox"/> Interior Finish	<input type="checkbox"/> Foundation Only	<input type="checkbox"/> Accessory structure	<input type="checkbox"/> Shell Only	<input type="checkbox"/> Other _____	
DESCRIPTION OF BUILDING					
(Please mark all that apply)					
<input type="checkbox"/> Office/Bank/Professional	<input type="checkbox"/> Single Family	<input type="checkbox"/> Apartments	<input type="checkbox"/> Industrial	<input type="checkbox"/> Institutional /Hospital	<input type="checkbox"/> Hotel/Motel
<input type="checkbox"/> Educational/School	<input type="checkbox"/> Duplex	<input type="checkbox"/> Condominium	<input type="checkbox"/> Retail Store	<input type="checkbox"/> Amusement /Recreation	<input type="checkbox"/> Restaurant
<input type="checkbox"/> City/County Owned	<input type="checkbox"/> Townhouse	<input type="checkbox"/> Historical	<input type="checkbox"/> Service Station	<input type="checkbox"/> Church/Assembly	<input type="checkbox"/> Car Wash
<input type="checkbox"/> Sales Center/Trailer	<input type="checkbox"/> other				
Existing SQFT:	New SQFT:		Sprinkler: ___Y ___ N	Construction Type:	
Foundation Type:	<input type="checkbox"/> Slab	<input type="checkbox"/> Crawl Space	<input type="checkbox"/> Split Level	<input type="checkbox"/> Basement	<input type="checkbox"/> Finished Basement
Garage/Parking SQFT:		Covered Decks/Porches SQFT:		Finished Basement SQFT:	
No. Stories:	No. of Units:	No. of Buildings:	No. Bedrooms:	No. Bathrooms:	No. Driveways:
Proposed Structure Impervious Area:		Proposed Sidewalk/Patio Impervious Area:		Proposed Driveway/ Parking Impervious area:	
Total Heated SQFT:		Total Non-Heated SQFT:		Gross SQFT of Building:	
Construction Cost: \$			Valuation: \$		Power Co:
GENERAL CONTRACTOR INFORMATION					
Business License #: (attach Current Copy)		Issuing Authority:			Exp. Date:
Company Name:				Phone:	
Address:				Fax:	
City			State		Zip Code
Contact Person:				Cell Phone:	
Email Address:				Exp. Date:	
PROPERTY OWNER INFORMATION					
Land Owner of Record:					
Address:				Phone:	
City:			State:		Zip:
SIGNATURE					
I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not. <b>The site plan, which has been submitted, is true and accurate and the structure will be located within the allowable setbacks.</b> The granting of a permit does not presume to give authority to violate or cancel the provisions of any other State or Local Law regulating construction or the performance of construction. This permit becomes null and void if work or construction authorized is not commenced within 180 days, or if construction or work is suspended or abandoned for a period of 180 days at any time after work is commenced. <b>Final Foundation Survey required prior to framing of house. MINIMUM PERMIT FEE IS \$60.00 FOR RESIDENTIAL &amp; \$110.00 FOR COMMERCIAL</b>					
Signature of Applicant:				Date:	
application Date:	Tech Initials	Plan Review #	Permit Total Cost \$		



Phone: [770.704.1500](tel:770.704.1500) | [110 Academy Street](#) | [Canton, Georgia 30114](#)

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